

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/552137**

FILING DATE

**6 OCT 2006**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 3 <sup>rd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
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12		/				
13		/				
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16		/				
17		/				
18		/				
19		/				
20		/				
21		0				
22		0				
23		0				
24		0				
25		/				
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40		/				
41		/				
42		/				
43		/				
44		0				
45		0				
46		/				
47		/				
48		/				
49		/				
50		0				
TOTAL IND.	11	↓		↓		↓
TOTAL DEP.	52	←		←		←
TOTAL CLAIMS	63					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 3 <sup>rd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		0				
52		/				
53		/				
54		/				
55		/				
56		0				
57		0				
58	/					
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						